

Non-Employee Invoice

UH Department: _____ Invoice Number: _____

Billing Address: _____ Purchase Order Number: _____

Part A: Complete the following information

Legal Name/Taxpayer ID: _____ / _____
Last or Family Name First Personal Name Middle initial U.S. Social Security Number or Taxpayer ID

Remittance Address: _____
Number and Street City or Province State or Country Postal Code

Are You an U. S. Citizen? Yes, I am an U. S. Citizen. No WH-1 Required.
 No, I am not an U. S. Citizen. I have attached a WH-1 and all other documentation as required for tax status determination.

Part B: Date(s)/Description of Services Performed and/or Date(s)/Purpose of Travel

Part C: Recordation of Expenses

FEE FOR SERVICES RENDERED: \$ _____

HONORARIUM PAYMENT: \$ _____

MEALS, LODGING & INCIDENTAL EXPENSES: \$ _____

MEALS & INCIDENTAL EXPENSES ONLY: \$ _____

LODGING EXPENSE ONLY: \$ _____

MILEAGE: _____ X \$ _____/Mile = \$ _____
(Total Miles) (Mileage Rate)

OTHER EXPENSES: Airfare = \$ _____

Car Rental = \$ _____

_____ = \$ _____

_____ = \$ _____

TOTAL AMOUNT DUE: \$ _____

Part D: Certification of U.S. Citizenship

I certify that I am a U.S. Citizen. I further certify that the U.S. Social Security or Taxpayer ID Number shown above is correct and that I am not subject to backup withholding.

_____ Original Signature

_____ Date

***** **Fiscal Office Use Only** *****

Account Information for Data Entry

Account Code	Subcode	Amount	Account Code	Subcode	Amount